

Exhibit 1f



"CORRECTED COPY 3/22/2004"

Program Statement

OPI: HSD/SAF
NUMBER: P1640.04
DATE: 3/15/2004
SUBJECT: Smoking/No Smoking
Areas

Rules Effective: July 15, 2004

1. **[PURPOSE AND SCOPE §551.160.** To advance towards becoming a clean air environment and to protect the health and safety of staff and inmates, the Bureau of Prisons will restrict areas and circumstances where smoking is permitted within its institutions and offices.]

The Agency recognizes the right to negotiate issues pertaining to this policy consistent with the Master Agreement, statute, case law, and/or regulation

Medical and public health authorities have established the hazards of tobacco smoke. Of particular concern are the risks posed to nonsmokers by passive inhalation of environmental tobacco smoke (ETS). The Surgeon General has long concluded that scientific research indicated that second-hand tobacco smoke is a cause of lung disease in otherwise healthy nonsmokers.

On January 7, 1993, the Environmental Protection Agency (EPA) officially endorsed a report by an outside panel of scientific advisers to the agency, which stated that:

"exposure to second-hand cigarette smoke causes lung cancer in adults and greatly increases the risk of respiratory illness in children."

The Bureau recognizes that when smokers quit smoking, they may face physical discomfort, weight gain, and stress related difficulties; however, these symptoms may be lessened with the appropriate interventions of a smoking cessation program. According to the Centers for Disease Control and Prevention, many people who quit smoking relapse.

[Bracketed Bold - Rules]

Regular Type - Implementing Information

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Effective smoking cessation programs should also provide counseling and monitoring to enhance success.

2. **PROGRAM OBJECTIVES.** The expected results of this program are:

a. The designation of smoking areas may reduce exposure to second hand smoke.

b. All Bureau facilities, with the exception of staff residences, will be regarded as free of second hand smoke except in perimeter patrol vehicles and towers when occupied by one person.

c. Areas where smoking is permitted will be clearly identified.

3. **DIRECTIVES AFFECTED**

a. **Directive Rescinded**

P1640.03 Smoking/No Smoking Areas (7/1/94)

b. **Directives Referenced**

P4500.04 Trust Fund/Warehouse/Laundry Manual (12/15/95)

P5270.07 Inmate Discipline and Special Housing Units
(12/29/87)

P5290.14 Admission and Orientation Program (4/3/03)

P6000.05 Health Services Manual (9/15/96)

Executive Order 13058, 62 FR 43451, August 9, 1997

Justice Property Management Regulations 128-20.105-3; 128-20.105-50; 128-20.105-51; 128-20.105-52

Comptroller General Decision B-231453, Smoking Cessation Program for Federal Employees, February 3, 1989.

Office of Personnel Management FPM Letter 792-20, Clarification of FPM Chapter 792, Federal Employees Health and Counseling Programs, May 17, 1989.

c. Rules cited in the Program Statement are contained in 28 CFR 551.160 et seq.

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d. Federal Service Impasses Panel Decision on Case Number 01 FSIP 184, Department of Justice Federal Bureau of Prisons Washington, DC and Council of Prison Locals 33, AFGE, AFL-CIO, dated November 8, 2001.

4. **STANDARDS REFERENCED**

a. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4202 **(Mandatory)**; 3-4214; 3-4215; 3-4216; 3-4357; and 3-4363

b. American Correctional Association Standards for Adult Local Detention Facilities, 3rd Edition: 3-ALDF-3B-04 **(Mandatory)**; 3-ALDF-3C-01; 3-ALDF-3C-02; 3-ALDF-3C-03; 3-ALDF-4E-33; and 3-ALDF-4E-28

c. American Correctional Association Standards for Adult Boot Camp Programs: 1-ABC-3B-05 **(Mandatory)**; 1-ABC-3C-01; 1-ABC-3C-02; 1-ABC-4E-41; and 1-ABC-4E-45

d. Joint Commission On Accreditation of Healthcare Organizations, 1998 Comprehensive Accreditation Manual For Ambulatory Care: EC.5

e. Joint Commission on Accreditation of Healthcare Organizations, 1998 Comprehensive Accreditation Manual for Hospitals: EC.5; EC5.1

5. **[DEFINITIONS §551.161. For the purpose of this subpart,]**

a. **[Smoking is defined as carrying or inhaling a lighted cigar, cigarette, pipe, or other lighted tobacco products.]**

b. An **area designated as free of second hand smoke** is defined as one in which there are no lighted tobacco products (e.g. cigars, cigarettes, pipes).

c. **Designated area** is defined as a smoking area which the Warden has clearly identified.

6. **STAFF SMOKING/NO SMOKING AREAS**

a. This section (6.) applies equally to visitors, volunteers and contractors.

b. The Warden must designate a smoking area for use in instances where smoking is to be part of an authorized religious activity.

Indoor Smoking. Indoor smoking shall be permitted only in perimeter towers and perimeter patrol vehicles when occupied by one person.

Outdoor Smoking. The Warden shall designate outdoor smoking areas which (a) are reasonably accessible to employees and (b) provide a measure of protection from the elements. The designated outdoor smoking areas shall only be used by employees.

7. STAFF SMOKING CESSATION PROGRAMS

Components and Creation. Wardens are to establish an institution Smoking Cessation Program for staff.

For a period of 60 days, interested employees shall have the opportunity to sign up for a smoking cessation program, provided by the Employer at no cost to the employees, who shall be on administrative leave, workload permitting, to attend smoking cessation classes that are scheduled during their work time. This program will include nicotine replacement therapy (NRT), using skin patches or nicotine chewing gum.

To the extent not covered by health insurance, the Employer will provide a one-time payment to each employee who participates in the NRT, for an eight week supply of either patches or nicotine chewing gum. In addition, the program will include informational literature about the benefits of quitting smoking and counseling, as needed.

General health information from persons requesting nicotine replacement therapy may be requested by the agency prior to disbursement of this payment.

Smoking Cessation Program. A Smoking Cessation Program must, at a minimum, address:

- nutrition,
- physical activity (exercise),
- stress management, and
- nicotine replacement therapy (NRT).

Institutions may conduct these activities through a combination of:

- videos,
- classroom presentations,
- recreation activities, or
- group or individual counseling.

8. INMATE SMOKING

[DESIGNATED SMOKING AREAS §551.162

a. The Warden must designate a smoking area for use in instances where smoking is part of an authorized inmate religious activity.

b.(1) The Warden may designate only outdoor smoking areas for general inmate use (that is, for smoking which is not part of an authorized religious activity). These smoking areas must be clearly identified.

(2) The Warden, with the Regional Director's concurrence, may choose not to designate smoking areas for general use. Once this occurs, the Regional Director's concurrence is required if the Warden later chooses to designate smoking areas for general use at the institution.]

c. Areas without smoking signs are non-smoking areas.

d. Inmates violating the smoking rules will be subject to disciplinary action.

9. INMATE SMOKING CESSATION PROGRAMS

a. **Components and Creation.** Wardens are to establish an institution Smoking Cessation Program consistent with local resources.

(1) The institution A&O Booklet will inform inmates of a Smoking Cessation Program's availability including the application and participation procedures.

(2) A Smoking Cessation Program must, at a minimum, address:

nutrition,
physical activity (exercise),
stress management, and
nicotine replacement therapy (NRT).

Institutions may conduct these activities through a combination of:

videos,
classroom presentations,
recreation activities,

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the sale of nicotine replacement patches in the institution commissary, or group or individual counseling.

b. **Nicotine Replacement Therapy (NRT).** Nicotine replacement patches may assist with the gradual tapering of nicotine consumption.

Inmates requesting nicotine replacement patches must have an initial medical assessment in order to purchase a six to ten week supply of nicotine replacement patches (see subsection (3)(b) below).

- (1) Each institution Commissary will stock nicotine replacement patches. Inmates may purchase nicotine replacement patches with the appropriate staff approval as noted in subsection (2) below.
- (2) Inmates who wish to purchase nicotine replacement patches must obtain an initial written approval from a Bureau health care provider using the Nicotine Replacement Therapy Approval form (Attachment A), certifying that the inmate's health status has been reviewed and the inmate is approved to use the nicotine replacement patches.
- (3) The health care provider will:
 - (a) Discuss the nicotine replacement patch's proper use, describe possible side effects, and warn the inmate about problems associated with overuse (such as the use of two or more nicotine replacement patches at the same time, or the use of a nicotine replacement patch and continued use of cigarettes).
 - (b) Record the inmate's health status in his or her medical record (such as, but not limited to: weight, blood pressure, post-prandial blood sugar, pulmonary function, exercise tolerance, and how many cigarettes are smoked per day, and any other clinically pertinent information).
 - (c) Provide a signed Attachment A recommending a specific NRT dosage program to the inmate.

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- (d) The inmate will take the signed NRT Approval form to the institution commissary, which will allow him or her to purchase two weeks of Nicotine Replacement Therapy at a time. The inmate will keep Attachment A until the final supply of nicotine replacement patches has been purchased.
- (4) The Commissary staff member will initial the NRT Approval form each time the inmate purchases NRT. When the inmate completes the NRT (six or 10 weeks), the Commissary staff member will take the Attachment A from the inmate and send it to the Health Services Unit for inclusion in the Inmate Health Record.

10. **INSTITUTION SUPPLEMENT.** Each institution will develop an Institution Supplement containing information on its:

Smoking Cessation Programs,
smoking restrictions, and
identifying any authorized outdoor smoking areas within
the institution.

The Warden is to forward a copy of the Institution Supplement to the Regional Health Systems Administrator.

11. **EFFECTIVE DATE.** Implementation of this Program Statement will occur within 120 days of the effective date of this policy.

/s/
Harley G. Lappin
Director

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Attachment A

INMATE NICOTINE REPLACEMENT THERAPY APPROVAL

INMATE NAME _____ DATE: _____

INMATE REG. NO. _____ INSTITUTION _____

____ **Six (6) Week NRT Dosage Program** **Expiration date:** _____

21 mg Patches (2 WEEK SUPPLY) Purchased on _____ (initialed by Commissary)

14 mg Patches (2 WEEK SUPPLY) Purchased on _____

7 mg Patches (2 WEEK SUPPLY) Purchased on _____

____ **Ten (10) Week NRT Dosage Program** **Expiration date:** _____

21 mg Patches (2 WEEK SUPPLY) Purchased on _____ (initialed by Commissary)

21 mg Patches (2 WEEK SUPPLY) Purchased on _____

21 mg Patches (2 WEEK SUPPLY) Purchased on _____

14 mg Patches (2 WEEK SUPPLY) Purchased on _____

7 mg Patches (2 WEEK SUPPLY) Purchased on _____

Health Services Provider Signature _____

Health Services Provider Name Stamp _____

When a purchase is made on this authorization, the Commissary staff member shall initial the **Purchased on** line.

This authorization is to be returned to Health Services by the Commissary when the inmate has made the last authorized purchase.

Three (3) month smoking status: _____ smoking _____ non-smoking

Six (6) month smoking status: _____ smoking _____ non-smoking

Smoking Cessation Program completed on: _____

This form may be reproduced locally

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